

# Ambassadors FC New Player Packet

## 2015-16 Season



If done electronically, this form **must** be filled out with the latest version of Adobe Reader.  
Do you have the latest version?

- ☐ Yes, I have the latest version of Adobe Reader.
- ☐ No, I will download it now: [click here for a free download](#) (for Windows users)  
[click here for a free download](#) (for Mac users)

**We cannot process your application unless you use the latest version of Adobe Reader!**

Player Name:  Team:

- ☐ New Club Player

### Instructions...

Please complete and email to: [afc.us@ambassadorsfootball.org](mailto:afc.us@ambassadorsfootball.org)  
or postal mail to: AFC, attn: Registration, PO Box 847, Twinsburg, OH 44087.

To save electronically ...

- Complete the form
- Click "File", then "Save As"
- Save the file as "Player Last Name, Player First Name AFC Player Packet" (ie "Smith, John AFC Player Packet")

### New Player Checklist...

- ☐ This coversheet/checklist
- ☐ \$75 registration fee ([Online Payment Link](#))
- ☐ Electronic copy of birth certificate (emailed to [afc.us@ambassadorsfootball.org](mailto:afc.us@ambassadorsfootball.org))
- ☐ Signed AFC Parent/Club contract & liability waiver (electronic signature acceptable)
- ☐ Signed US Club Soccer registration form & liability waiver
- ☐ Signed Ohio Youth Soccer Association North registration form (found separately on AFC website under "Resources" Tab)
- ☐ Signed medical waiver
- ☐ Headshot photo of player sent to team manager

### Verifications...

- ☐ I have read and accept the Ambassadors FC Expectations
- ☐ I acknowledge receipt of the ODOH Concussion Information Sheet

### Ambassadors FC

PO Box 847  
Twinsburg, OH 44087

[afc.us@ambassadorsfootball.org](mailto:afc.us@ambassadorsfootball.org)  
[www.ambassadorsfc.com](http://www.ambassadorsfc.com)

For office use only:

- ☐ Contact info entered/updated
- ☐ Registration fees entered
- ☐ Session fees entered
- ☐ MT made in QB team list
- ☐ Added to billing roster
- ☐ US CLUB reg/carded

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## Parent/Club Contract

I, the parent/guardian, acknowledge that I have read and will abide by the guidelines established in the AFC Parent Expectations & Policy.

I understand that if I fail to abide by these guidelines it will result in corrective actions including exclusion AFC training sessions and/or games and/or the suspension or termination of my child's eligibility to train with and/or play for AFC.

I also acknowledge that I have read and understand the payment schedule outlined on the AFC Session Fees document and that I am responsible to keep my account in good standing. I understand that players will not be eligible to participate in a new session unless all balances are paid in full.

Parent/Guardian Signature:

Date:

We, as parents/guardians understand that Ambassadors Football Club, AFC staff, and AFC volunteers are under no liability whatsoever in respect to any personal loss or injury that may occur to our daughter or son during participation with Ambassadors FC. We also hereby authorize the staff and/or the volunteer leaders of Ambassadors FC to act accordingly to their best judgment in any emergency situation requiring medical attention. We authorize Ambassadors FC and/or medical professional permission to exercise any and all attempts to medical assistance should the need arise for our child. An accredited medical professional must administer any major medical attention. I agree to allow my child's photo/video production or testimony (without name) to be used in Ambassadors' promotion.

Parent/Guardian Signature:

Date:

*Ambassadors Football is a nonprofit, tax-exempt, publicly supported organization under Sections 501 (c)(3) and 509 (a)(1) of the IRS Code, and is incorporated and registered in the State of Ohio. Ambassadors Football is governed by a board of directors which establishes all principles and practices of the organization and has overall responsibility for the conduct of the organization, which includes the Ambassadors Football Club (AFC) in the US.*

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## **Ambassadors FC Expectations:**

### **Players:**

- Respect coaches, teammates, opposition, referees & most importantly: your parents
  - No abusive language
  - Listen when others are speaking
  - Be courteous; thank referees & congratulate opposition after games
  - No negative criticism
  - Any answering back or negative communication with coaches/referees may result in the suspension of the player. A coach may not suspend a player for the behaviors of the player's parent.
- Wear AFC apparel to events
- Contact the coach 48 hours beforehand if you cannot attend an event
- No bullying, negative social networking or intimidating
- Exercise punctuality & good grades at school as part of keeping balance

### **Parents:**

- Respect all match officials, coaching staff, other parents, opponents and anyone associated with any event. Please avoid conflict, negative conversations or setting a bad example for the players in any way.
- Help build a positive environment for your child by encouraging other players, managers & coaches. What you put in is what you get out: Negativity spreads quickly so try to avoid putting that into your child's team.
- Please do not coach from the sideline. Please do not undermine the coaches by giving guesstimated info.
- When unsure of a coaching decision, please contact the coach first and the club director second. Working with your coach is essential as we all have the same aim of giving the players a positive soccer experience. This can only be achieved when we are unified within our teams.
- Please allow 24 hours to pass after an event or a conflict to have time to be calm & think about it. In this time please do not contact others; consider both sides and then contact your coach.
- Players under the age of 14 are a little too young to contact coaches about availability. Please assist your child in communicating with the team manager or coach 48 hours before the event.

### **Policy:**

- Bullying is something we take very seriously; if any player is caught bullying, the coach or staff member has the right to notify the club director and that player will be suspended for the current season without a refund of fees.
- No alcoholic beverages may be consumed during AFC events.
- We understand each case is individually based. Coaches and staff have discretion and reserve the right to issue warnings or punishments as they deem necessary.
- Timely payments must be made to keep accounts in good standing. A \$25 late fee will be charged to delinquent accounts.
- Players will be ineligible to participate in a new session until all balances are paid in full.



This form should be submitted to your home team's club.

## YOUTH PLAYER REGISTRATION FORM

*This form must be retained by the club for at least five (5) years or the player's 18th birthday, whichever occurs last.*

Club Name:	<input type="text"/>	City:	<input type="text"/>	State:	<input type="text"/>
League Name:	<input type="text"/>				

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]

Player's Signature:	<input type="text"/>	Date:	<input type="text"/>	Parent/Guardian Signature:	<input type="text"/>	Date:	<input type="text"/>
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### PLAYER'S MEDICAL INFORMATION

Player's Name:	<input type="text"/>	Birth Date (m/d/y):	<input type="text"/>	Gender:	<input type="radio"/> Male	<input type="radio"/> Female
Street Address:	<input type="text"/>			City:	<input type="text"/>	
State:	<input type="text"/>	Zip:	<input type="text"/>	Email Address:	<input type="text"/>	
Parent Name:	<input type="text"/>	Home Phone :	<input type="text"/>	Bus Phone :	<input type="text"/>	
Email Address:	<input type="text"/>	Cell Phone:	<input type="text"/>	Receive texts?:	<input type="radio"/> Yes	<input type="radio"/> No
Parent Name:	<input type="text"/>	Home Phone :	<input type="text"/>	Bus Phone :	<input type="text"/>	
Email Address:	<input type="text"/>	Cell Phone:	<input type="text"/>	Receive texts?:	<input type="radio"/> Yes	<input type="radio"/> No

### In an emergency when parent/guardian cannot be reached, please contact the following:

Name:	<input type="text"/>	Phone 1 :	<input type="text"/>	Phone 2 :	<input type="text"/>
Name:	<input type="text"/>	Phone 1 :	<input type="text"/>	Phone 2 :	<input type="text"/>

Please list Allergies the player has:	<input type="text"/>
Please list other medical conditions:	<input type="text"/>

Physician:	<input type="text"/>	Phone 1 :	<input type="text"/>	Phone 2 :	<input type="text"/>
Medical/Hospital Insurance Company:	<input type="text"/>			Phone 2 :	<input type="text"/>
Policy Holder's Name:	<input type="text"/>			Policy Number:	<input type="text"/>

### MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature:	<input type="text"/>	Date:	<input type="text"/>	Relation to player:	<input type="radio"/> Mother	<input type="radio"/> Father	<input type="radio"/> Guardian
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## Medical Release Form

As the parent/guardian of  I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Player's Birth: M:  D:  Y:  Date of last Tetanus Booster: M:  D:  Y:

Known allergies of this player, including any allergies to medicine:

Any other medical problems which should be noted:

Family Physician:  Phone Number:   
Name of Parent/Guardian:   
Address:  City:  State:  ZIP:   
Home Phone:  Work Phone:  Fax:

Person responsible for charges (if different from above):   
Address:  City:  State:  ZIP:   
Home Phone:  Work Phone:  Fax:

Person to notify if parent/guardian is unavailable:   
Home Phone:  Work Phone:  Fax:

Insurance Carrier:  Policy Number:

STATE OF:   
COUNTY OF:

Parent/Guardian Signature:  Date:

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public in and for the State of \_\_\_\_\_

Commission expires \_\_\_\_\_

## AFC Session Fees Fall 2015 - Spring 2016

<b>Team:</b>	<b>Fall</b> <i>Billable 9/5/15</i>	<b>Winter 1</b> <i>Billable 11/5/15</i>	<b>Winter 2</b> <i>Billable 1/5/16</i>	<b>Spring</b> <i>Billable 3/5/16</i>
U10-U12	\$405	\$405	\$405	\$405
U13-U14	\$430	\$430	\$430	\$430
U15-U18		\$430	\$430	\$430

- Statements will be sent out on the 5th of each month.
- Payments are due upon receipt. A \$25 late fee will be assessed after 30 days overdue.
- Players will not be eligible to participate in a new session unless all balances are paid in full.

### Registration Fee:

There is a \$75 registration fee for each player, due upon registration of first session of participation in each soccer year. This fee is non-refundable. It is in addition to the regular session fee and covers most league and team registration requirements through the end of the following spring session.

### Family Discount:

For families with more than one child playing, the first child is charged full fees; additional children receive a \$50 discount in each session.

### Referral Discount:

If you refer someone to our club who is subsequently offered and takes up a place on one of our teams, you will receive a \$50 discount following completion of their first session. Please note that this does not apply to siblings. Referral forms are available from team managers and must be submitted prior to the start of the referral.

### Approximate Tournament Fees:

Local Tournament (no overnight stay required) ..... \$60\*  
 Traveling Tournament (overnight stay required) ..... \$80\*  
 State Cup Fee (includes Regional Tournament if team qualifies) ..... \$110\*

*\*Exact fees will be determined based on the varying costs of the tournament. Tournament fees will generally be billed in advance of the tournament.*

Please mail all check payments to the following address:

**Ambassadors FC**  
**PO Box 847,**  
**Twinsburg, OH 44087**



# Ohio Department of Health Concussion Information Sheet

## For Youth Sports Organizations

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

### What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

### Signs and Symptoms of a Concussion

Athletes do not have to be “knocked out” to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child’s health at risk!

#### Signs Observed by Parents of Guardians

- ♦ *Appears dazed or stunned.*
- ♦ *Is confused about assignment or position.*
- ♦ *Forgets plays.*
- ♦ *Is unsure of game, score or opponent.*
- ♦ *Moves clumsily.*
- ♦ *Answers questions slowly.*
- ♦ *Loses consciousness (even briefly).*
- ♦ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ♦ *Can’t recall events before or after hit or fall.*

#### Symptoms Reported by Athlete

- ♦ *Any headache or “pressure” in head. (How badly it hurts does not matter.)*
- ♦ *Nausea or vomiting.*
- ♦ *Balance problems or dizziness.*
- ♦ *Double or blurry vision.*
- ♦ *Sensitivity to light and/or noise*
- ♦ *Feeling sluggish, hazy, foggy or groggy.*
- ♦ *Concentration or memory problems.*
- ♦ *Confusion.*
- ♦ *Does not “feel right.”*
- ♦ *Trouble falling asleep.*
- ♦ *Sleeping more or less than usual.*

### Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

### Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ♦ *No athlete should return to activity on the same day he/she gets a concussion.*
- ♦ *Athletes should **NEVER** return to practices/games if they still have **ANY** symptoms.*
- ♦ *Parents and coaches should never pressure any athlete to return to play.*

### The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

### Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete’s injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children’s brains take several weeks to heal following a concussion.



[www.healthyohioprogam.org/concussion](http://www.healthyohioprogam.org/concussion)



## Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

## Returning to School

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
  - a. Increased problems paying attention.
  - b. Increased problems remembering or learning new information.
  - c. Longer time needed to complete tasks or assignments.
  - d. Greater irritability and decreased ability to cope with stress.
  - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.

### Resources

ODH Violence and Injury Prevention Program  
[www.healthyohioprogram.org/vipp/injury.aspx](http://www.healthyohioprogram.org/vipp/injury.aspx)

Centers for Disease Control and Prevention  
[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

National Federation of State High School Associations  
[www.nfhs.org](http://www.nfhs.org)

Brain Injury Association of America  
[www.biausa.org/](http://www.biausa.org/)

## Returning to Play

1. Returning to play is specific for each person, depending on the sport. Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play. Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
4. Your athlete should complete a step-by-step exercise-based progression, under the direction of a qualified healthcare professional.
5. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.\*

### Sample Activity Progression\*

**Step 1:** Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

**Step 2:** Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

**Step 3:** Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

**Step 4:** Full contact in controlled practice or scrimmage.

**Step 5:** Full contact in game play.

\*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.



Ohio Department of Health  
Violence and Injury Prevention Program  
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(614) 466-2144

[www.healthyohioprogram.org/concussion](http://www.healthyohioprogram.org/concussion)